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	FEC '
	999 E St. NW
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,- ··	RECEIVAP 15-2013
- -	DEAR FEC, 2013 NOV 20 AM 7: 04
	CEC MAIL CENTED
	WE ARE REGISTERING FOR THE
	FIRST TIME A SUPERPAC.
	This Committee interes to make
	unlimited unpenditures, and consistent with
7	the US Court & Appeals with the Detrict of Columbia decision Speach Now VS FEC, it
	Columbia decision Speach Now VS FEC, it
	Therefore intends to raise finds in Unlimited
-(	Anough. This committee and NOT use those
	Finds to make contributions, whether direct
	in-kind, or via coordinated communications,
	to Federal Condidates or committees.
	We will File an Amended Form I and add
 	banking information after FEC issues a FEC ID Number. You would be so
·	FEC ID Number. You would he so
	Kind as to send FEC ID Number to:
	Contact of Clear thousand Toto.
	Lauren Dunn, Treasurer Text
	Clear The WAY
	7535 Little River # 101
	Auxundale, VA 72003

## 15031141077

FEC FORM 1

## STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

FORM 1		O	HUMIN			FECN	ALL CEN	TER
1. NAME OF COMMITTEE (in	n full)	£ 78 '	Check if name s changed)		mple: If typing, type the lines.	12FE4M5	in and a supplication of	
CLEAR T	HE	WAY	<del>1 1 1 1 1</del>	<u> </u>			<del></del>	
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ADDRESS (number a	address		TEI			: 1 : 1 : 1	·	
is change	d)	ANA	JANDAL			STATE A	2,2,0,0,3	P CODE A
COMMITTEE'S E-MA	AIL ADDR	ESS ,						
(Check if is change		CON	TACTE	DCLEA	ARTHEWAY	INFO		
	•		Second E-Ma		J			
				1111			11.1.1.	
(Check if is change	d)		<del>                                     </del>	EWAY	INFO.		1111	
2. DATE		512	0.(3					
3. FEC IDENTIFI	CATION I	NUMBER >	C		and the state of t			
4. IS THIS STATE	MENT	NEW	(N) OI	3	AMENDED (A)	n n :		
I certify that I have	examined	this Stateme	ent and to the	best of my	knowledge and belief it	is true, correct	and complete	
Type or Print Name	of Treasu	rer	AURIE	VJ.	DUNN			
Signature of Treasur	er	fie	VIII TO THE PROPERTY OF THE PR		<u> </u>	Date [	1'[[5]	2013
NOTE: Submission of	false, erro			-	oject the person signing to OULD BE REPORTED W		the penalties	of 2 U.S.C. §437g.
Office Use					For further Information or Federal Election Commission			ORM 1

Page 2

Can	didate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand							
Cand Party	idete Affiliatio	Office State Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Part	y Com	mittee:					
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.					
Polit	ical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
	•	Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trode Association Cooperative					
	_	In addition, this committee is a Lobbylst/Registrant PAC.					
<b>(f)</b>	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., noncommented committee)					
	In addition, this committee is a Labbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Comi	mittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	3						

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FEC Form 1 (Revised (	02/2009)	Page 3
Write or Type Committee Name		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership I	PAC Sponsor
Mailing Address		
		<u> </u>
	CITY STATE ZIP	CODE
Relationship:	d Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in possess	sion of committee
Full Name	<u> </u>	
Mailing Address		1111
		1111
Title or Position	CITY STATE ZIP	CODE
	Telephone number	J-L
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer	REN J. D.U.N.N.	
Mailing Address	P.S.35, LITTLE RIVER TURNPIKE	
	BUTTE 101	
<b>-</b>	CITY STATE ZIP	CODE
Title or Position  LIKEASU RER	Telephone number 571 -50	11-16.129
		<u></u>

FEC Form 1 (Rev	rised 02/2009)		Page 4
		:	
Full Name of Designated Agent			
Mailing Address		·	
	СПУ	STATE	ŻIP CODE
Title or Position	Telep	phone number	
Banks or Other Deposit safety deposit boxes or r Name of Bank, Deposito		e committee deposits funds, ho	ds accounts, rents
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
Mailing Address			
			<u>.                                      </u>
		بنا لنا لب	<b></b>
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		
		<u>                                     </u>	1 1 1 1 1 1
Mailing Address			
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> Lederal Electran Commission 999 E, St., NW Washington, Dc 20463

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Received from Electronic Filing Office	Date of Receipt			
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PREPARER	DATE PREPARED			

(8/2013)